

**KBN GUIDELINES  
FOR DEFINING SAME OR SIMILAR SPECIALTY FOR THE  
ADVANCED PRACTICE REGISTERED NURSE (APRN)  
IN CHOOSING A COLLABORATING PHYSICIAN FOR  
PRESCRIPTIVE AUTHORITY**

KRS 314.042(8)(e), and KRS 314.042(10)(e) set the following requirement:

The advanced practice registered nurse (APRN) who is prescribing non-scheduled legend drugs and controlled substances and the collaborating physician shall be qualified in the same or in a similar specialty.

How is specialty determined?

The APRN's specialty is determined by his or her national certification in the specific role and in a population focus. The physician's specialty is determined by either the physician's certification from the American Board of Medical Specialties (ABMS), or as individually established by the physician. It should be noted that certification is not required as a condition of physician licensure, nor is the physician's scope of practice limited by certification. Concerning physician specialties, the ABMS states:

“Board Certification is a voluntary process, and one that is very different from medical licensure. Obtaining a medical license sets the minimum competency requirements to diagnose and treat patients, it is not specialty specific. Board Certification demonstrates a physician's exceptional expertise in a particular specialty and/or subspecialty of medical practice.”

The requirement stated in KRS 314.042 (8)(e) and (10)(e) raises additional questions as follows:

1. How is the term “similar specialty” defined?
2. With whom may the APRN collaborate [201 KAR 20:057(1)] for prescriptive authority?
3. Based on this collaboration, what, if any, further limitations to the prescriptive authority exist?

The Board of Nursing's administrative regulation on this provision is 201 KAR 20:057, Section 6(3) which states: “For purposes of the CAPA-NS and the CAPA-CS, in determining whether the APRN and the collaborating physician are qualified in the same or a similar specialty, the Board shall be guided by the facts of each particular situation and the scope of the APRN's and the physician's actual practice.”

As a general guideline for APRNs and Kentucky licensed physicians, and for the purpose of prescribing, the Board of Nursing will expect the APRN's certification and the physician's specialty to have minimal overlap in order to qualify as “a similar specialty.” This means that the populations served or the diseases treated by the APRN are similar to that of the collaborating physician's populations served or diseases treated. For example, a Family Nurse Practitioner (FNP) who treats children has an overlap in practice with that of a pediatrician or a family physician, and thus, shares a similar specialty of practice. Similarly, a Pediatric Nurse Practitioner (PNP), who by statute already has a limited population and can only treat children, has an overlap in practice with a pediatrician or family physician.

The Board has also determined that the collaborating physician's certification or specialty does not, in and of itself, limit the APRN's prescriptive authority. The scope of prescriptive authority, other than what is set out in the statutes, must be written in the Common Collaborative Agreement for APRN Prescriptive Authority for Non-Scheduled legend drugs (CAPA-NS) and/or the Collaborative Agreement for APRN Prescriptive Authority for Controlled Substances (CAPA-CS)\*. Subsequently, if an FNP treats children and collaborates with a pediatrician, and if both parties agree to limit the FNP to prescriptions for children only, that must be set forth in the CAPA-CS. Should a PNP collaborates with a family physician, the PNP is already limited to writing prescriptions for children only by certification in the pediatric population focus. If the collaborating parties agree to further limit the PNP's prescriptive authority, then the limitations must be set forth in the CAPA-NS and/or CAPA-CS.

If no further limitations are listed in either the CAPA-NS or the CAPA-CS, other than those limitations listed in KRS 314.011(8), 201 KAR 20:057 and 201 KAR 20:059, then the APRN may prescribe as specified by KRS 314.011(8) and it is within the APRN's scope of practice.

Note that KRS 314.042 (8)(d) and (10)(d) states that the CAPA-NS and/or the CAPA-CS shall describe the arrangement for collaboration and communication between the APRN and the physician regarding the prescribing of nonscheduled legend drugs and/or controlled substances.

Prior to prescribing, the APRN should ensure that all the requirements specified in KRS 314.042 are met. Additional information on APRN prescriptive authority is available on the Board's website at [www.kbn.ky.gov/NursingPractice/APRNPractice](http://www.kbn.ky.gov/NursingPractice/APRNPractice)

\*KRS 314.042(10)(a) states:

"Before an APRN engages in the prescribing of Schedules II through V controlled substances as authorized by KRS 314.011(8), the APRN shall enter into a written "collaborative agreement for the APRN's prescriptive authority for controlled substances" (CAPA-CS) with a physician that defines the scope of the prescriptive authority for controlled substances..."

In addition, KRS 314.042(9)(i) states:

"The CAPA-CS shall state the limits on controlled substances which may be prescribed by the APRN, as agreed to by the APRN and the collaborating physician. The limits may be more stringent than either the schedule limits on controlled substances established in subsection (8) of Section 1 of this Act, or..."

RESOURCES: KRS 314.042 <http://www.lrc.ky.gov/Statutes/statute.aspx?id=44651>

#### Discontinuation of a CAPA-NS KRS 314.042

...(9) (a) Before an advanced practice registered nurse may discontinue or be exempt from a CAPA-NS required under subsection (8) of this section, the advanced practice registered nurse shall have completed four (4) years of prescribing as a nurse practitioner, clinical nurse specialist, nurse midwife, or as a nurse anesthetist. For nurse practitioners and clinical nurse specialists, the four (4) years of prescribing shall be in a population focus of adult-gerontology, pediatrics, neonatology, family, women's health, acute care, or psychiatric-mental health.

(b) After four (4) years of prescribing with a CAPA-NS in collaboration with a physician:

1. An advanced practice registered nurse whose license is in good standing at that time with the Kentucky Board of Nursing and who will be prescribing

nonscheduled legend drugs without a CAPA-NS shall notify that board that the four (4) year requirement has been met and that he or she will be prescribing nonscheduled legend drugs without a CAPA-NS;

2. The advanced practice registered nurse will no longer be required to maintain a CAPA-NS and shall not be compelled to maintain a CAPA-NS as a condition to prescribe after the four (4) years have expired, but an advanced practice registered nurse may choose to maintain a CAPA-NS indefinitely after the four (4) years have expired; and
3. If the advanced practice registered nurse's license is not in good standing, the CAPA-NS requirement shall not be removed until the license is restored to good standing.

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